PATIENT	NAME _	Dus Benoit DATE OF BIRTH
		LAST FIRST MIDDLE CHART
MEDICAT	IONS ON	BACK
DATE	SERVICE	NOTES
5/1/02	CHIEF-	COMPLAINT Play Vijo Voices & new complants
		V-S. B/P. 130/88 R.R. 18 H.R. U.S. TEMP.
		'R-O-S-
	·	H_P_I_
1		
	· ·	
		P.M. HX.
	_	FAMTLY/PSYCHOSOCIAL HX_
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		SALU
		A GODO COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COM
	_	ASSESSMENT/PROBLEM_LIST/PLAN
OFFICE T	OME	
1		

PFSI:#F206
Professional Filing Systems, Inc.
To Order Call 1-800-247-0419, In George (404) 396-4994

PATIENT	NAME (Mis L	DINCET LAST	5		MIDDLE		DATE OF BIF	TH	
			LAST	FIRST				CHART		
DATE	SERVICE					NOTES		_		
4/26/02		SNKF	(10:	00	KOM					
					1 1	<u>'</u> -γ'			-	
					_		_			
					· -					
				<u>_</u>					_	
				<u> </u>			_	_		
					_	,-,-,				
					-	_	_			
									•	
			,				.,	_		
		<u> </u>				<u> </u>	ندر			
								·		
		· · · · · · · · · · · · · · · · · · ·		_						.
					_					
		·			į					
		ŕ					. •			
				_			,			
							-		_	
					· .	,	-			
						<u> </u>			.,	
			· · · · · · · · · · · · · · · · · · ·					دن 	<u> </u>	<u> </u>
							····	·		
		<u> </u>								

PATIENT NAME	Vistopher Benoit		DATE OF BIRTH
	I LAST FREST	TICOM	CHART
MEDICATIONS ON I	BACR		
DATE SERVICE		NOTES	
010102 GB1EF	COMPLAINT Reg V Up. 9 1 Workload. BF	muscle it	ightness due to
	V.S. B/P. 80 R.O.S.	r.r. IV	
	H.P.I.		
			· · · · · · · · · · · · · · · · · · ·
			\$ 65
	;		X-1
	P.M. HX.		,
-	FAMILY/PSYCHOSOCIAL RX.		
		·	
	E/N		<u> </u>
	CHESI		
	C.V.S.		
	ABD.		
	EXT/BACK		
	NEURO.		
	SKTN		·
	ASSESSMENT/PROBLEM LIST/PLA	₽	
DEFICE TIME			
		·	FIST

PATIENT	NAME (nnis Benoit Date of Birth
		LAST FIRST MIDDLE CHART
MEDI CAT	NO SMOI	
DATE	SERVICE	NOTES
0[9[0]	— CB I£F…	COMPLAINS VUP Dices & Complaints. Had surgery 06/29/01. May
		V.S. B/P. 90 R.R. 16 H.R. 164 TEMP.
		R-O-S-
		H.P.1.
ED U.S. German		
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
	: ,	·
		E/N
		CHEST
		C.V.S.
		EXT/RACK
		NEIIRO.
		SKTN
<u>.</u>		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE :	CIME	
		PESSE Transport dagit was a growing transport of some growing

FATERT	RAME C	Aris Benoit	FIEST ' MIDI	Ji (D/JT OF BIRTH	
					CHART	
	TONS ON	BACK	· .			
DATE.	SETWICE			YOTET .	(h)	· / · · / ·
914101	GHIEF-	complains 129Ul	2r V up_	\\0£@) O CON	Jan
		ν.S. B/P.		R.R	н. р.	J.E.M.
		R.O.S.				,
		H.P.I.:		<u>./</u>	<u> </u>	
	ļ				<u> </u>	
		Chr	mic f	Her -		
					·	
		P.M. EX.	\$ 1882 <u>- 2</u>		<i>.</i>	
				· 	<i>;</i>	
		FAMILY/PSYCHOSOCIA	T. EX.			
		E/R			<u></u> :	
		CHEST	· .		:	
		C.V.S.			,	
			7			
· -		ABD.				
		EXT/RACE			<u>-</u>	
		NEIRO				
		SEIN			· 	
		ASSESSMENT/PROBLEM	TETINIAN		<u> </u>	
מים דיוויונו			ייייייייייייייייייייייייייייייייייייייי			
DEFICE						

PFS:=FXDF

PATIENT NAME CHIS BONOTH			F I	DATE OF BIRTH
LAST	FIRST	MIDDLE		
				CHART

DATE	SERVICE	NOTES
97/01		Candelled & resched (2:30)
	_	
		į.

ATIENT	NAME _	Mis Benoit	FIRST	MIDDLE	. DATE OF BIRTH
	-				CHART
EDICAT	IONS ON	BACK	<u> </u>		*
DATE	SERVICE			NOTES	
17/01	CHIEF	couply time . 100	arelax /		₹
101	LALER	own Later to	fre and c		
	· · ·		1/2/.		
		∇.S. B/P.	- 180		HR 48 TEXP
		R.O.S.		•	
		H.P.I			
					
					j.:
					, , , , , , , , , , , , , , , , , , , ,
		P.M. HX.			
		FAMILY/PSYCHOS	OCIAL HX.	_	
		H/N	_	_	
	-	CHEST			,
			-		
		C.V.S.			
		ABD.		`	· · · · · · · · · · · · · · · · · · ·
		EXT/BACK_			
		NEURO.			
		SKIN	-,		
		JACKET 1		•	
	-			· -	·
		ASSESSMENT/PRO	BLEM LIST/PLA	N	
FFICE	TIME		<u> </u>	<u></u>	

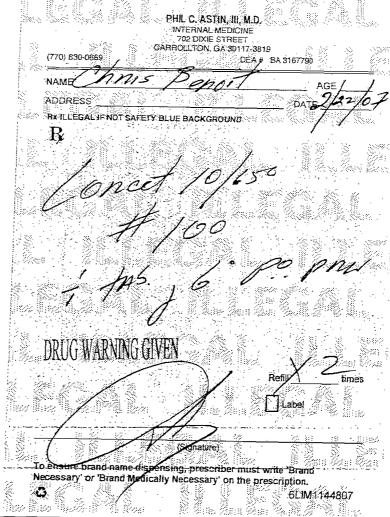
PATIENT	NAME	Chris	Benorit			DATE OF BIRTH
	- -		LAST	FIRST	MIDDLE	CHART
MEDICAT:	IONS O	N BACK				O, M.C.
DATE	SERVIC				NOTES	
9-7-2000			0 M 6-10	Dalar and	ollow pa	in Go Mento hunter
	CHIE	10	۸.		2dmh	The first of the second
		000	S (NUV)	enup	N.M.H.	
				110/10		•
		V.S.	B/P.	170	R.R.	H.R. (O) TEMP.
		R-0.	S			
		Н.Р.	I <u>. </u>			
			5	Ame	Dies 1	As before
			. 8	Ame 2° fo	Westlin	
	-	-	<i>O</i>	12 . 00		is es
			/	my	1 mjan	e ir
		P.M.	. НХ.			1/6/,
		FAM	ILY/PSYCHOSO(
·				<u> </u>		
		H/N		4 _		
		CHES	ST	tendes	5 horl	de
				\	A neck	-
	<u>-</u>	C.V.		—— ·		
		ABD	·			
		EXT	/BACX			
		NEUE	RO		· · · · · · · · · · · · · · · · · · ·	
		SKIN	<u> </u>			
		ASSE	SSMENT/PROBI	FM # TCT/PIA	v /	
	ne.		1 Re	10		
OFFICE T	Mr.		Som	1-/	1	
	<u> </u>		J - 11 11	V		PFC Prolessional Filing System:
						To Order Call 1-800-241-0419, In Georgia (404) 396-

PATIENT NAME (Miles)	Benoit LAST FIRST	MIDDLE	DATE OF BIRT	
MEDICATIONS ON BACK DATE SERVICE		NOTES		· · · · · · · · · · · · · · · · · · ·
6700 CHIEF COMPLAINT	Keg V Lip	and get i	establishe	4
	В/Р.	R.R.	F.R.	TEMP
H.P.I.				_
P.M. HX				
FAMILY/	PSYCHOSOCIAL HX.			
H/N				
CHEST			· · · · · · · · · · · · · · · · · · ·	
C.V.S.				
EXT/BAC	X			
NEURO.				
SKIN			,	
ASSESSM	ENT/PROBLEM LIST/	PLAN -		
DEFICE TUME				

ADDRESS RX ILLEGAL IF NOT SAFETY BLUE BACK	DATE	6/22/07	NAME 2	s pen	DATE	AGE /
B				ETY BLUE BACKGROUND		
50M				loff!		29
# 1 20	\$,#\$\$ \$)			aliy in H		
				#3		
1476	8 80 /			116		
	mussler					
	Refill	. times			Refill_	times
(Signal	ure)			12		
To ensure brand name dispensing, pre Necessary' or 'Brand Medically Necess	scriber must write 'Band	44807	Necessary' or 'Brand	(Signature) te dispensing, prescribe Medically Necessary' or	i the prescription	and in. IM1144807
				se Sou Silvi Silvi o sou sou sou sou	Fr. Ess	S Asset I
INTERNAL N	STREET.			PHILIC ASTIN, III, M.D. INTERNAL MEDICINE	i Š I žek	
(770) 830-0569 CARROLLTON, 6	DEA # BA 6157/90 AGE)) 830-0669 //	702 DIXIE STREET. ARBOLLTON, GA 301 17:381	B ₄ /3167790	
ADDRESS RX ILLEGAL IF NOT SAFETY BLUE BACKGR	DATE	12/07 NAI	ME (1711/5 DRESS	penert	AGE	22/07
B The second of	L. L. S. C	$\mathbb{B}^{\mathbb{R}}$	LLEGAL IF NOT SAFETY E	BLUE BACKGROUND	:	
Dopo-	astacon m	74	1000	J 10/4		
atti ii o / ii kondondonde I ii dittatte de ii /	Kara 200 ac	18C / 16C	1			
hith	12104	T. Pas Ša				
1 como	AIM		- Jps	J. G. K.	0 P1	
		4.5.0.0.			92836 22416 200 <u>200</u>	
		times			Refili	times.
(Signature	2			(Signature)		<u> </u>
To ensure brand name of spensing, presci Necessary' or 'Brand Medically Necessary	riber must write 'Brand on the prescription. 7DIM1 144	To en	isure brand name dispessary' or 'Brand Medica	(Signature) ensing, prescriber must fully Necessary on the pr	write 'Brand escription. 7DIM114	4807

Date: 6 80 M	Time:
To:	
ASAP A	TodayTomorrow
Patient Name: Mus Den Out	Phone #:(<u>0)8312 </u>
Caller: (March 1997)	Temp:()
Med./Allergy:() Med. I	intolerance:
Pharmacy Name: # W W	_Pharmacy #: 480 3050
Message: All Xanav	
Disposition:	
	· · · · · · · · · · · · · · · · · · ·
If doctor talked with patient:	M
Received by: Handled by: Handled by:	(Pharmacist) (Phar
_\	(Date, Time & Initials)

PHIL C. ASTIN, III, M.D. INTERNAL M NE 702 DIXIE S T PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, G CARROLLTON, GA:30117-3819 JEA# BA 3167790 (770) 830-0669 DEA# BA 167790 ADDRESS DATE RX ILLEGALIF NOT SAFETY BLUE BACKGROUND Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND R Refill Réfill times nature) and name dispensing, prescriber must write 'Brand and name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription. Necessary or 'Brand Medically Necessary' on the prescription. 6LIM1144807 4 Š 6LIM1144807 As In He PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET **CARROLLTON, GA 30117-3819** (770) 830-0669 DEA# BA 3167790 NAME



Date: 0-1/-017	Time:	·
To:		
Orgent ASAP	Today	Тотогтоw
Patient Name: f/W	Phone #:()_	
Caller Colland (a) ECCUO.	<u> </u>	()
	Med. Intolerance:	
Pharmacy Name: Okudo	Pharmacy #:	69776
Message:	0.1.11	
	Latest 25	M _
		\bigcup
3/1/		_
	o pen 1	
Disposition:	50 on 1	
$\mathcal{N}_{\mathcal{N}}$	be 50 / 1	
If doctor talked/with patient:		
Received by: Handled by:	pharmalist (Pharmacist)	·
	_6/11/07/114	/ Will
	(Date, fime &	initiais)
		-



Date: 2-16-0/		Time:	
То:			
Urgent		Today	Tomorrow
Patient Name: Chris (Benoit	Phone #:()
Caller:		Temp:	()
Med./Allergy:		ed. Intolerance:	
Pharmacy Name: Public		Pharmacy #:	486-2026
Message: LIVC	ét 7/1	Ñ	
Xano	yo/		1
5 0		2 (small	
Disposition:	#6	6 80 P	<i>9</i> :
	i for		
f doctor talked with patient:	_		
eceived by:	Handled by:	Phe Bur Pharmacis	y)
	_	2/16/07 1	39/pmc -
	_	Date. Time of	f VIVIC -



Date: 12-22-06		Time:		
To:				-
791	ASAP	Today	Tomorrow	
Patient Name: MASS	noit	Phone #:(487-2745	
Caller: M.		Temp:		
Med./Allergy:		Med. Intolerance:		
Pharmacy Name: Public		Pharmacy #:	86-2026	
Message:	Dh	Draet		
· · · · · · · · · · · · · · · · · · ·	R. J	oleat		
		1 1		
			and 1	
Disposition:		100	MAT,	
Disposition	· · · · · · · · · · · · · · · · · · ·	/	Afon with	29
			My XM)
If doctor talked with patient:		,		,
Received by: [Initials]	Handled by:_	MYY (Pharmac	eistl	
(2.22-422)		CC 12-22-06	0236	
		(1 MITE. 1 IIM)	e & Initials)	

PHIL C. ASTIN, III. M.D. INTERNAL MEDI 702 DIXIE STRE PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON: GA:30 CARROLLTON, GA 30137-3819 (77**0**) **8**30-0669 DEA # BA 3/67790 (770) 830-0569 DEA# BA 8167790 NAME AGE NAME ADDRÉSS ADDRESS RX1LLEGAL IF NOT SAFETY BLUE BACKGROUND RXILLEGALIE NOT SAFETY BLUE BACKGROUND \mathbf{R} times Refil times Label iature) ignature) To ensure brand name dispersing, prescriber must write Brand Necessary or Brand Medically Necessary on the prescription. psofe brand name dispensing, prescriber must write *Brand Necessary or Brand Medically Necessary on the prescription. 6GIM1144807 6GIM1144807 PHIL C. ASTIN, III, M.D. PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET INTERNAL MEDICINE 702-DIXIE STREET CABROLLTON: GA 30177-3819 CARROLLTON, GA 30117-3819 (770) 830-0669 DEA # BA 3167790 (770) 830-0569 DEA ADDRESS RX (LLEGAL IF NOT SAFETY BLUE BACKGROUND RXILLEGAL IF NOT SAFETY BLUE BACKGROUND \mathbf{R} Řefili Signature) To ensure brand name dispensing, prescriber must write 'Brand re brand name dispensing, prescriber must write Brand Necessary' or 'Brand Medically Necessary' on the prescription. Necessary' or 'Brand Medically Necessary' on the prescription.

6GIM114480

6GIM1144807



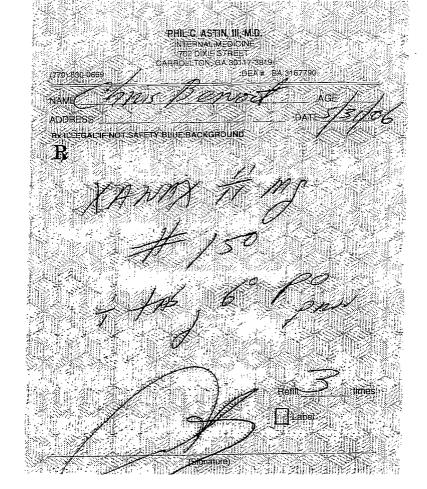
Date: 10 - 13 - 06	Time:	
To:		
Urgent	ASAPToday	Tomorrow
Patient Name: 711	Phone #:()	4872745
Caller: (A)	Temp:	()
	() Med. Intolerance:	
Pharmacy Name: #White	Pharmacy #: 4/8	6.2026
Message:		
would like	ambien CR	
·	12.5 ms	
Disposition:	30	S
	J. b. H.	·
	1 ffing	2/2
If doctor talked with patient:	, -	
Received by: H	Handled by: Barry @ P	ublix_
(Initials)	(Pharmacist,	hha
-		Initials)



Date: 10-5-00	Time:
To:	
Urgent ASAP	TodayTomorrow
Patient Name Sus Senso	Phone #:()
Caller: This	
4) \	Med. Intolerance:
Pharmacy Name: HUDLU	Pharmacy #: 450-2026
Message:	uut
	5 R
Disposition:	
	·
If doctor talked with patient:	
Received by: Handle	ed by: BONU
(Iraliais)	Of 10.5-04 & 4.02 (Date, Time & Initials)

RHIE C. ASTIN, III, M.D. -INTERNAL MEDICINE 1702 DIVIESTREET ARROULTON GA 80117-3819 PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702-DIXIESTREET .DEA# BA 316 DEA# BA 318#90 (770):830-0669 ADDRESS RYTCLEGALTENOT SAFETY BLUE BACKGROUND RAJELEGALIF NOT SAFETY BLUE BACKGROUND \mathbf{R} \mathbf{R} times T Label gnature) To ensure brand name dispensing prescriber must write in Necessary or Brand Medically Necessary on the prescription.

SEIM To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription. Sing prescriber must write Brand 5EM1144807 5LIM1144807



PHIL C. ASTIN, III, M.D. PHIL C. ASTIN, INTERNAL MED 702 DIXIS STREET 702 DIXIE STRI CARROLLTON, GA 30117-3819 DEA# BA 3161 CARROLLTON, GA 30117-3819 DEA # BA 3167/90 (770) 830-0669 (770) 830-0669 NAME DATE 5 ADDRESS Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND times Refill times Refill (×, (Signature) (Signature) To ensure brand name dispensing, prescriber must write 'Brand Necessary' of 'Brand Medically Necessary' on the prescription To ensure brand name dispersing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription 5LIM1144807 5LIM1144807

> PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE NIES. 702 DIXIE STREET (770) B30-0689 DEA# BA ADDRESS RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND R

To ensure brand name dispensing, prescriber must write 'Brand Necessary' on the prescription;

5LIM1144807

Date: 4-28-06	Time:	
To:		
Urgent	ASAPTodayTomorn	row
Patient Name:	BINOUT Phone #:()	
Caller: Mus)	Temp:	_(
Med./Allergy:	Med. Intolerance: Pharmacy #: 486-20	
Pharmacy Name: FUOL Message: Message: Multiple Control Message: Message	Pharmacy #: to 00000000000000000000000000000000000	HQ
	L HO	
Disposition:	7 phy 10	,
If doctor talked with patient:	Handled by: Bary @ Publis (Pharmacist) 04/28/06 1:20 Mmg (Date, Time & Initials)	



Date: 4,13.06		Time:	
To:			
A	SAP	Today	Тотоггоw
Patient Name: Miss Bo	nat	Phone #:() 486-1499
Caller:		Temp:	
Med./Allergy:	() Med.	Intolerance:	()
Med./Allergy: Pharmacy Name: Publey		Phaπnacy #: 4	86-2026
Message:	Oh //	\bigcirc	
		Orcet	
		1/2	
			·
Disposition:			
· sp			
If doctor talked with patient:			
	andled by:	Grea	
Received by: (Initials)		(All Pharmaci 14-13-06 6 1	ist)
	U	1 4-13-00 © (Date, Time	o'lo & Initials)

REFILL REQUEST

AUTO-FAX ELECTRONICALLY TRANSMITTED: 03/14/2006 9:10 AM EST

CVS/pharmacy

Store: 2544

101 LEXINGTON CIRCLE

PEACHTREE CITY, GA 30269

Phone: (770) 486-1639

FAX: (770) 486-6174

Doctor: PHIL C ASTIN

702 DIXIE ST

DOB: 05/21/1967

CARROLLTON, GA 30117

Phone: (770) 830-0669

FAX: (770) 830-6655

For Patient:

BENOIT, CHRIS

304 PEMBERTON CT

PEACHTREE CITY, GA 30269

Phone: (770) 486-1499

For Prescription:

Rx#: 173640 Last Filled: 02/12/2006

HYDROCODONE/APAP 10/650 TABMCK

Qty. Prescribed: 150

SIG: TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED

Comments from pharmacy:

Authorization:

O Not Authorized

Authorized this time plus

Generic Equivalent Authorized

Prescriber Comments/changes:

Prescribers Name(Printed):

Prescriber's DEA #: 13A 314 7750

Prescriber's Signature:

Massachusetts Only: Interchange is Mandated unless Practitioner writes the words "No Substitution"

The information contained in this electronic message as well as any attachments to this message are intended for the exclusive use of the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, please destroy all copies of this message as well as its attachments and advise the sender

immediately.

Date: $3/24/0$	0	Time:	
To:		 	
	ASAP	Today	Tomorrow
Patient Name: Mi		Phone #:(67	8)372-6554
Caller: (hris	Temp:	()
Med./Allergy:	()	Med. Intolerance:	()
Pharmacy Name: Pu	blix	Pharmacy #: 7	1486-2026
Message:	Rf-Lon	Cot	
	/	112	
Disposition:			
If doctor talked with patient: Received by: (Initials)	Handled by:	(f)harmac 03/ 3 4/06/11:	cist) 52 Am Who e & Initials)



Date: 3-1-06	Time:
To:	
UrgentASAP	Today Tomorrow INERNAL
Patient Name:	Phone #:() 16.18.318 (0.55)
Caller:	
Med./Allergy:) Med. Intolerance:
Pharmacy Name: CORNO	Pharmacy #: 100 486 4116
Message:	mbien 10 mg
	#30 #5. Pnn
Disposition:	1 m 3 m
If doctor talked with patient:	
Received by: Handled (Initials)	Pharmacist) (Date, Time & Initials)

PHIL C. ASTIN, III, M.D. INTERNAL MED 1E 702 DIXIEST CARROLLTON, GA 38 PHIL U. ASTIN, III, M.U. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 30117-3819 3819 (770) 830-066 #-BA/167790 (770) 830-0669 DEA # BA \$167790 DATE ADDRESS RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND Label To ensure brand name dispensing, prescriber must write Brand Necessary or Brand Medically Necessary on the prescription. To ensure brand name dispensing, prescriber must write Brand Necessary or Brane Medically Necessary on the prescription li 🦠 a Parik 5FIM1144807 5FIM1144807 PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 30137-3819 DATE ADDRESS IF NOT SAFETY BLUE BACKGROUND

To ensure brand name dispensing, prescriber must write
Brand Necessary or Brand Medically Necessary on the prescription.

5FIM1144807



Date: 8-8-05		Time:	
To:			<u> </u>
Urgent	ASAP	Today	Тототоw
Patient Name: Mris Ben	014	Phone #:(_)
Caller:		Тетр:	
Med./Allergy:			
Phannacy Name: (VS		Paarmacy #: <u>380</u>	0.756-0481
Lorcet 10/1		to 4° pm	
Disposition:			
If doctor talked with patient: Received by: (Initials)	Handled by	Charling (Pharmac) 8 8 05 3: 5 (Date, Time	,



Date: 7-22-05	-	Time:	
To:			·
Urgent	ASAP	Today	Тотогтоw
Patient Name: Chris	Benoit_	Phone #:(2	70) 486-7499
Caller:Chr	5	Temp:	()
Med./Allergy:			•
Pharmacy Name: Publis		Pharmacy #:	0)486-2026
Message:		/	,
	- Lorcet	-10/650 #	150 ig40 PR
	<i> </i>	A-	
· .		,	
Disposition:		·	
If doctor talked with patient:	·	0	
Received by: All (Initials)	Handled by:_	DOUY (Pharma	cist)
		7/22/05	a Bmc.
		(Date, Tin	ne & Initials)

Date: 6/19/	05		Time:	
To:Ur	gent	_ASAP	Today	Tomorrow
Patient Name:	Chris B	enoit	Phone #:()_	
Caller:	_ Pharma	aCY	Temp:	
Med./Allergy:		() Med.	Intolerance:	
Fharmacy Name:_	· · · · · · · · · · · · · · · · · · ·	·	Pharmacy #:	
Message:	Per (Loday	PCATIL searly)	- OK W/ (2)	rtab 94h
Disposition:				
If doctor talked wit Received by:	n patient:	Handled by:	(OUS +NE V (Pharmacist) 5/19/05 AP (Date, Time & 1	D 5:10000

PHIL C. ASTIP 察斯沙里拉斯 PHIL C. ASTIN, III, M.D. M.D. INTERNAL MEDICINE 702 DIXIE STREET INTERNAL N 702 DIXIE SI 建基础 医静线 dji 172 CARROLLTON, GA 30117 CARROLLTON; C (770) 830-066 DEA#1 BAD (770) 830-0669 Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND Refilf times girth. To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription. (Signature) To ensure brand name dispensing, prescriber must write 'Brand Necessary' or Brand Medically Necessary' on the prescription 4LIM1144807 4LIM1144807 PHIL C. ASTIN, III, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
ADROLLFON, GA 30117. RXILLEGAL IF NOT SAFETY BLUE BACKGROUND \mathbf{R}



Date: 3-11-05	Time:		
To:		<u> </u>	
Patient Name Dus Blue	SAP	Today	Тототоw
Patient Name Alis DM	at	Phone #:()
Caller: (huis)		Temp:	
Med./Allergy:	_ () Med	d. Intolerance:	
Pharmacy Name: Colored	· · ·	Pharmacy #:	87-6877
Message:	24 K) Dicet 10	.
	IN te	MULL) IL	(1)
		10	450
		114	
			<u></u>
Disposition:			
If doctor talked with patient:			
Mm	andled by:	John)
(traitidis)		(Pharma	11-05 2pm

INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 30117 DEA# BA 6167790 (770) 830-0669 ADDRESS RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND \mathbf{R}

PHIL C. ASTIN, III, M.D.

times (Signature)

To ensure brand name dispensing, prescriber must write 'Brand Necessary' or Brand Medically Necessary' on the prescription. 4FIM1144807

PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 30117

(770) 830-0669

(770) 830-0669	/ ~	2 DEA # BA	3167/90	<u> </u>
NAME	nos B	enou	AGE _	
ADDRESS		, · · · ·	DATE 2	<i>3/0</i>
Rx ILLEGAL IF NOT S	SAFETY BLUE BACKG	ROUND	17	1
\mathbf{R}				

		117		
1.OU	UT /		**	
				÷.
1	410	0		
\mathcal{H}			eria Guntaria	114
		16 %	20 1	ns
or a Mariana 🗸	h /	4 /		
11	45 1			
11			•	
	V		1	
		The sales	7	
		Refi	tin	ies
	A		Label	:
	8/17		. 177	
	// //	<u> </u>		****
	(Signati	ria Ma		et at Alje
To ensure brand nam 'Brand Necessary'	Brand Medically	criber must writ lecessary' on th	te ne prescription	
3	1		4FIM11448	
	u ka pi		5.5	٠.



Date: 12-8-04	Time:	
To:		,
Urgent		Тототом
Patient Name: Des Bl	nost Phone #:(1678-372-653
Caller: Mus		
Med./Allergy:	() Med. Intolerance:	
Pharmacy Name: Collect of	// O Phannacy#: 48	86-9776
Message:		
	RI Lucet	
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
Disposition:		: 25
		*
If doctor talked with patient		
Received by:	Handled by: Robbi C.	inv)
/ (Initials)	(Pharmac.	
	Date. Time	& Initials)



Date: 11-4-04	Time:	
To:		
ASAP	Today	Tomorrow
Patient Name: May DlnO	Phone #:() \(\)	87-1499
Caller (Dus)	Temp:	
Med./Allergy:() Med. Intolerance:	
Pharmacy Name: # ###	Pharmacy #: 486	2026
Message:	00000	Jo26 Uksiearly
	9 Spicet	
Eclard's spoke	x May Pla	
201	two with	Darles
Disposition: RJ S	sona Two on	
487-1877		
If doctor talked with patient:	Space Con	28 attible
Received by: Handled	d by: Spoke & John	N ackers
(Initials)	(Pharmacist)	
	Date, Time & Init	tials)



Date: 10-12-04	Time:		
To:			
Urgent	ASAPTodayTomorrow		
Patient Name: Dis !	Bencit Phone #:() 1578-487-14		
Caller: (Bus)			
Med./Allergy:	() Med. Intolerance:()		
Pharmacy Name: Eck	eds Pharmacy #: 487-6877		
Message:	00 10		
	R3 Soice 10 mg 4150		
	- to opin		
· .			
Disposition:			
	·		
TC 1 4 4 17 1 541 2 41 4			
If doctor talked with patient:	- Abril		
Received by: / (Thitials)	Handled by: (Pharmacist)		
	(Date, Time & Initials)		

Date: 9-2-04	Time:	
To:		
ASAP -	Today	Тотого
Patient Name: Mus Druet	Phone #:()	18-372-6554
Caller: Mus	Temp:	()
Med./Allergy: () Me	d. Intolerance:	
Pharmacy Name	Pharmacy #: 486-	1639
Message:	codon	
We will be a second of the sec		
Disposition:		,
If doctor talked with patient:		
Received by: Handled by:	Pharmacist)	·
	11 9-2-04 @ 10:22 Date, Time & In.	itials)

PHIL C. ASTIN, III, M.D. PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON GA 30117 702 DIXIE S CARROLLTON. DEA # . BA 316 RY ILLEGALIF NOT SAFETY BLUE BACKGROUND R To ensure brand name dispensing, prescriber must write Brand Necessary or Brand Medically Necessary on the prescription. To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription. 3LIM1144807 3LIM1144807 PHIL C. ASTIN, III, M.D. 702 DIXIE STREET CARROLLTON, GA 30117 DEA # BA 3/67790 PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 30117 (770) 830-D669 HXILLEGALIF NOT SAFETY BLUE BACKGROUND \mathbf{R} ADDRESS BX ILLEGAL IF NOT SAFETY BLUE BACKGROUND Refill To ensure brand tramp dispensing, prescriber must write Brand Necessary of Brand Medically Necessary on the prescription.

PHIL C. ASTIN, III, M.D. PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 30117 702 DIXIE STREET CARROLLTON, GA 30117 (770) 830-0669 DEA # :: BA 3167790 (770) 830-0669 Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND RXILLEGAL IF NOT SAFETY BLUE BACKGROUND To ensure brand name dispensing, prescriber must write 'Brand Necessary' on the prescription.

3LIM1144807 To ensure brand name dispersing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

3LIM1144807 3LIM1144807

CANNEL THE SHEET OF A SECTION OF



PHI.C. ASTIVIII, MILP.C.

TEGLEPTH ONE MESSACE

Date: 4.29-04	*	· Time:		
To:			() f	
Urgeni	4SAP	_ Today	Tomorro	25W
Patient Name: <u>July BlnC</u>	it	Phone#1	<u>) </u>	
Caller		Temp:		
Med/Allergy: Publicy Pharmacy Name: Publicy	_ () Med In	lo]erapca:/	161 20	
Pharmacy Name: PUUY		Pharmacy #:	186° A	00
Message:	1 Bontre			
DR per De	. Aster	flust	this	Anl X
Disposition:				
			·	
If doctor talked with patient				
Received by: (Tuitible)	Handled by:	OKA- 1/0 Historia	eciss) / /	
		One To	ne & Initials)	14



PHILO ASTINIII, MD. P.O.

TIGLED HONG MISSIA CIC

Date: 4.29.04	Time:	
Fo:	* * * * * * * * * * * * * * * * * * * *	
Urgent ASAP	TodayTomo:	TOW
Patient Name (Mile) Blnock)	
Caller Chris		()
) Med Intolerance:	
Pharmacy Name: COLORS	Pharmacy #: 487-681	<u>///</u>
Message: R9 Val	und 10mg	
	The contract of the contract o	
HON.	act 10ml	
Disposition: Of Oly Dy	HStri IX	(`)
Viana	100mc #10 -	- One he
	Relifere de	tivity ?
If doctor talked with patient	v ∕vi	EN
Received by: Handled!	eyr. (ecila)	
/ (initials)	(Pharmacist) (Pharmacist) (Date, Time & Indulas)	4



PHILC ASTIVIII, MD. P.C.

Date: 3-23-04	Time:
To:	
Urgeni ASAP	
Patient Name Kin Blati	Ot) Phone #:()
Caller:	
) Med. Intolerance:()
Pharmacy Name: Hulling	Pharmacy #: 100 486 2026
Message:	
Would clike of	cet Just #30 lift. Detroit al Hanital
IND CLARK OF	1 10
Disposition:	120,0
d	J 3 46
If doctor talked with patient	1 1 1
	fled by: GYPG (Pharmacist)
	. (10 3-23-04 © 10!58 Mate Time & Initials)

PHIL C. ASTI INTERNAL MI 702 DIXIE S ⁴I.D. E CARROLLTON, MA 30117 9743 9743 To ensure brand name dispensing, prescriber must write Brand Necessary of Brand Medically Necessary on the prescription. PHIL C. ASTIN, III, M.D. 702 DIXIE STREET CARROLLTON, GA 301 17 RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND

PHIL C. ASTIN, III. M.D. INTERNAL MEDICINE 702 DIXIE STREET (770) B30-0669 Refill Label To ensure brand name dispensing prescriber must write Brand Necessary or Brand Medically Necessary on the prescription. 3L1M1144807 PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 3011.7 times Refil

To ensure brand name dispensing, prescriber must write Brand Necessary or Brand Medically Necessary on the prescription. 3/3/M1444807

To ensure brand name dispensing, prescriber must write Brand Necessary or Brand Medically Necessary on the prescription 3LIM1144807



Date: 1/-24-03	Time:
To:	
Urgent ASA	A .
Patient Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Oll Phone #:(
Caller: (KK)	
Med/Allergy: (Med. Intolerance:
Pharmacy Name () a () Max	Pharmacy #: 308 32/ 9080
Message: R LOX	Soma 1 + 106 + 9 6 /
Disposition:	
	<u> </u>
If doctor talked with patient:	
Received by: Har	ndled by: (Pharmacist)
James James	CC 11-24-03@1:56
	(Date. Time & Initials)



Date: <u>9-22-03</u>		· Time:	
To:			
Urgent	AZA	Today	Tomorrow
Patient Name: Chris	Benoit	Phone #:(/	10372-6554
Caller.		Temp:	,
Med/Allergy:) Med Intolerance:	
Pharmacy Name: CVS	•	Pharmacy #	(010) 868-5122
Message:			
Rf-A		/	
#	30 Tahs	$\frac{1}{2}$	2
Disposition:			
			· .
If doctor talked with patient	±		
Received by All	Handle	d by:	ille tarmacist)
(initials)		ξ	3 APD 3:00

Date: 630-03	Time:
To:	
OrgentASAP	TodayTomorrow
Patient Name: Jus Shiet	Phone #:()
Caller: (Mis	
	ed Intolerance:()
Pharmacy Name: Toklid'o	Pharmacy #: 315 452-1/10
Message:	nluer 10 ml
of past of Paul	702 13212
Disposition: Town 30	5 HS Pn
77	I Mailed out on
If doctor talked with patient:	Eolc Mission
(Initials)	(Pharmacist) (C 10-30-03 @ 4:14

PHIL C. ASTIN, IN, M.D.
INTERNAL MEDICINE
702 DIXIE STREET
CARROLLTON GA 30117
DSA # BA 3767790 (770) 830-0669 RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND (Signature) To ensure brand name dispensing, prescriber must write 'Brand Necessary' or 'Brand Medically Necessary' on the prescription.

3EIM1144807

PHIL C. ASTIN, III, M.D. INTERNAL MEDICINE 702 DIXIE STREET CARROLLTON, GA 30117

NAME

ADDRESS

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

Refill

Signature)

To anothe brand name dispensing prescriber must write Brand Necessary of Brand Medically Necessary on the prescription.

2 Lilm 1144807



Date: 4-11-03	٠		Time: 10	5:19	
To	······································			l	
Urgent Patient Name: MW DD	asap		Today Phone #:(Tomor	10W
Caller. Chio			Temp:	e:	(
Med_/Allergy:	(_	_) Med. In	tolerance:		
Pharmacy Name: Lynn			Pharmacy #:_	502-45	18-9511
Message:	Lor	(let	10 mg	4150	7946
		. /	2		
Disposition:					
Received by: (Initials)	Handl	ed by:	M	(M)	
, fumus)	. •	. 1	Chra ?	Time & Initio	<u>12:68</u>

Date: 3-24-03	· ·	Time:	138
To:			\
Urgent	ASAP_	Today	Tomorrow
Patient Name:	Beneit	Phone #	: 331.4285
Caller Mis	 	Temp:	
Med./Allergy:		_) Med. Intolerance:	
Pharmacy Name: #	lill_	Pharmacy #:	486.2026
Message:	P5	Valian	10 pp
		1 - Charles	
		1/5	
		7	
Disposition:			
			<u> </u>
If doctor talked with patient:	:		
Received by:	Handled	lby. Left m	anna a h st
f f (initials)		3/24/03	armaoist) 3 p MC 2, Time & Initials)
		(Date	e, Time & Initials)

PHIL C. ASTIN, III, MID:
INTERNAL MEDICINE
TOO DOUGLE STREET
TOO DOUGLE STREET
TOO DOUGLE STREET
CARROLITON, CA 39:17
TOO DOUGLE STREET
TOO DOUGLE STREET
CARROLITON, CA 39:17
TOO DOUGLE STREET
TOO DOUG



Date: 9-9-02	Time: 3'40
To:	
UrgentASAP	Today Tomorrow
Patient Name Min Belroit	Phone #:()
Caller Mus	
Med./Allergy:(
Pharmacy Name: Pullif	Pharmacy #: 770 486 3036
Message:	cel Alus
· 3 4	
Disposition:	
If doctor talked with patient:	
1/1/2-00	Ouna
Received by: ///////////////////////////////////	Date, Time & Initials)



Date: 7-8-02	Time: 4:15
To:	
Patient Name Wis Blich	Today Tomorrow Phone #:()
Caller: Aduly	Temp:()
Med/Allergy: () N	Med. Intolerance:()
Pharmacy Name: Luliu	Pharmacy #: 770 486 - 2026
Message:	QL 10
V 10	
· • • • • • • • • • • • • • • • • • • •	7/4/
· · · · · · · · · · · · · · · · · · ·	
Disposition:	<u> </u>
If doctor talked with patient:	
Received by: Handled by: [Handled by:	Date, Time & Initials)

Date: 5-20-0	9	Time: <u>3:4</u>	3
To:		_	
Urgent		Today	Тотогоw
Patient Name:	is Brout	Phone #:() 486-1429
Caller: (Miss	4 11 11 11 11 11 11 11 11 11 11 11 11 11	Temp:	()
Med./Allergy:) Med. Intolerance:	
Pharmacy Name:	leliy	Pharmacy #:	(86-2026
Message:			
-4	K9 1/1	Eleiem 10 m	<u></u>
	5	212	
Disposition:			
If doctor talked with p			2
Received by:	Handled ides	by: <u>/f/+ MISS</u> (Pharm	nacist)
/		5:35 A	$\frac{90}{\text{ime } & \text{Initials}} / 02$

Date: 4-8-09	Time: 】。从 🖁
To:	
UrgentASAP	TodayTomorrow
Patient Name: (Miss Black)	Phone #:(
Caller: (Mis)	Temp:()
2 /	i. Intolerance:()
Pharmacy Name: X109lr in Whio	Pharmacy #: 1-5/3-77/-2970
Message: Ilf4 Medications @	home you in
This for training. Co	ould hou please
Lanet	rcettlus 9 Danal
Disposition: A	t 120 po pr/18
	they a
If doctor talked with patient: Received by: (Initials)	1 /20 pnd/ i fnb-footop (Pharmacist)
	CMA W-8-02 (a) Do M (Date, Time & Initials)



Date: 2-14-6		Time:_	626	
To:			· · · · · · · · · · · · · · · · · · ·	
Urgent	ASAP	Today	T)MO110//
Patient Name: (Mis)	Berci	t Pho	ne#:(6-14
Caller Naich	Busit	Ten	ap:	(
Med/Allergy:	(_) Med_Intolerance		(
Pharmacy Name:	llei	'Pharmac	8#: 110 - L	186-E
Message:		Ş		٠.
·	RJ X	acet 1	0	
·				
	4	~ 11	·	
:		M		
Disposition:	•			
				_
If doctor talked with patien				
)/_				
Received by: //mf	Handle	d by: TON	(Pharmacist)	
		(2-14-01 @	3:11
			Date, Time & 1	nitials)



Date: 9-20-0/	Time: 4556
To:	· · · · · · · · · · · · · · · · · · ·
UrgentASAF	TodayTomorrow
Patient Name MMS Burbit	Phone #:(
Caller: Chrus	
/ 1	Med. Intolerance:(
Pharmacy Name Pulling	Pharmacy #: 770.486-3036
Message: PD XCic	et 10
· · · · · · · · · · · · · · · · · · ·	7/3
Disposition:	
·	·
If doctor talked with patient:	4
Received by: (Initials) Hand	illed by: Olf Meyagl (Pharmacist)
	0/20 /0/ 7:40 & (Date, Time & Initials)



Date: <u>4-01</u>		Time: 9	040
To:	—————		
Urgent	ASAP	Today	Тотогтоw
Patient Name: Muss	enoit	Phone #:	() 486-1499
Caller: (Sais)		Temp:	()
Med./Allergy:		Med. Intolerance:	
Pharmacy Name: Mility		Pharmacy #:_	770-486-2026
Message:			
R9 5t	gmae		
		7/2/	
·		<i></i>	
Disposition:		<u> </u>	
-	_ _		
If doctor talked with patient:		* •	
Received by: KMP	Handled by	y: Nuno	0
/)(Initials)		Phar	macist) H [24] 01 6:20
		Date,	Time & Initials)

Telephone Message

Date 10 4 01 Time 9033
To:
UrgentASAPTodayTomorrow
Patient Name (him) Benoit Phone #
Caller <u>Parcinia</u> Temp 770-486-1499 ()
Med Allergy() Med Intolerance()
Pharmacy Name Publicy Pharmacy # 770 486-2026
Message: Po Roice to
Disposition
If doctor talked with patient Space & Condes Recv'd by KMA Handled by KMA 614/01 @ 16
Recv'd by KCMA Handled by KCMA 64401016

Telephone Message

Date 12/29/00	Time 1.57	
To:		
Urgent	_ASAPToday	Тотоотоw
Patient Name Chris B	enoit Phone # (77	0)486-0577
Caller Manage	Temp	
Med Allergy() Med Intolerance	()
Pharmacy Name Pull	Peachtree Pharmacy # 45	76-2026
Message: P5 X	Picet Plus	
	(amo	
		21/2/
	· · · · · · · · · · · · · · · · · · ·	
Disposition		
•		
If doctor talked with patie	ent	DONHIM.
Recv'd by Rama	Handled by 🖔	Spote Genus

Telephone Message

1 diophono 1 lies bago
Date 11 28 00 Time 11:23
To:
UrgentASAPTodayTomorrow
Patient Name Chius Bereit Phone #
Caller Naucy Suldivar Temp 770-486-0577
Med Allergy() Med Intolerance()
Pharmacy Name Pully Pharmacy #(170)486-2026
Message: Pg Roccet 10 1/2
Sona
Disposition
If doctor talked with patient
Recv'd by Kann Handled by Roma 18800 a loie
Spore Cyming

PROGRESS NOTES

TIENT	NAME (Min Bendit LAST FIRST MIDDLE	DATE OF BIRTH
			CHART
ATE	SERVICE	NOTES	
		1.1.ah NG1	
		telephone Note	
.		:	
		Date: 42912000	
		2:39	<u> </u>
	-	Date: 4/29/2000 Dime: 2:39 Problem: Rf Jancet 10	#190
		,	
	-		
			·.
		Collection of the same Property	lands a a a a d
		Calleri Dam @ Knoger Roma De le Phone Muniber 670	1)-118/2-002
		•	
		Drug Store: Kieger Rea	chtree Citte
_		Drug Store: prager Rea	187-3749
		Kephy: 1/	
	1		
			·
		0011	
		Call back: Derdee Name time: KmA 6/30/01	<u> </u>
		Name Time. Kom A = 30 00	9 W 8:45